

## Introduction

Workers with exposure to blood or other potentially infectious materials (OPIM) are at risk for acquiring infection with the human immunodeficiency virus (HIV), hepatitis B and C viruses, or other bloodborne pathogens.

Although there are other bloodborne pathogens such as malaria, syphilis, babesiosis, and brucellosis, these pathogens pose little risk for occupational transmission. HIV, hepatitis B and hepatitis C carry the most significant health risk to workers. According to Occupational Safety and Health Administration (OSHA) estimates, more than 5.6 million workers in health care and public safety occupations could be potentially exposed to these viruses.

These workers include, but are not limited to, physicians, dentists, dental employees, phlebotomists, nurses, morticians, paramedics, medical examiners, laboratory and blood bank technologists and technicians, housekeeping personnel, laundry workers, employees in long-term care facilities, and home care workers. Other workers, who may be occupationally exposed to blood or other potentially infectious materials, depending on their work assignments, include research laboratory workers, and public safety personnel (fire, police, rescue, correctional officers, etc.).

Workplace exposure to bloodborne pathogens may occur in many ways. Although needlestick injuries are the most common means of exposure for health care workers, bloodborne pathogens also can be transmitted through contact with the mucous membranes and non-intact skin of workers.

In November, 2000, Congress passed the "Needlestick Safety and Prevention Act" directing federal OSHA to revise its Bloodborne Pathogens standard to describe in greater detail the requirements for employers to identify and make use of effective and safer medical devices. That revision was published in January 2001. In response to that legislation and OSHA's action, WISHA has revised its Bloodborne Pathogens standard (WAC 296-62-08001) with language essentially identical to OSHA's. These changes became effective on August 6, 2001.

**Instructions:** The sample template on the following pages is provided to guide employers who have employees with exposure to blood or other potentially infectious materials.

*This sample template is not a complete Bloodborne Pathogens Exposure Control Plan as required by WAC 296-62-08001(3)(a) until you have customized it to the conditions and actual practices at your workplace. Using this template without modifying it to accurately describe the conditions and procedures used at your workplace may result in citation and monetary penalty if you are visited by a WISHA compliance officer.*

You will need to review the standard (WAC 296-62-08001) for particular requirements which are applicable to your specific situation and add information relevant to your facility in order to develop an effective, comprehensive exposure control plan. Parts of this sample that you will need to customize are bracketed and in italics: *{customize according to these instructions}*. You may also find elements of the sample that are not applicable to your facility --- that refer to services your employees don't perform and equipment you don't own. That language should be modified or eliminated from your program to describe actual practice. You must review the exposure control plan at least on an annual basis or whenever new tasks and procedures affect occupational exposure. Your plan must also be available for inspection by your employees and WISHA compliance officers.

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## **Bloodborne Pathogens Exposure Control Plan For *{Insert your company name here}***

### **1. Purpose**

In accordance with the WISHA Bloodborne Pathogens standard WAC 296-62-08001, *{Insert name of company}* has developed the following exposure control plan to eliminate or minimize employee occupational exposure to blood or other potentially infectious materials as detailed in the Bloodborne Pathogens standard.

### **2. Administration and Compliance**

*{Insert name or position of the person who is responsible to insure that the plan is written and implemented. Specific elements may be delegated to individuals other than the administrator. The plan should reflect this.}* is the administrator of this plan and is responsible for its implementation.

Employees who are identified as having occupational exposure are required to comply with the procedures and work practices outlined in this

exposure control plan. Failure to follow these procedures can result in disciplinary action.

### 3. Definitions

*{In general the definitions provided in WAC 296-62-08001(2) can be used. But may need to be modified (i.e. if you use standard precautions instead of universal precautions) to accurately reflect your facility}*

### 4. Exposure Determination

WISHA requires employers to perform an exposure determination to identify employees who have occupational exposure to blood or other potentially infectious materials. Occupational exposure means “reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious material that may result from the performance of an employee’s duties.” For purposes of the determination, employees are considered to have occupational exposure even if they utilize PPE while performing duties that put them at risk for exposure. Below, is a list of all job classifications and tasks in which employees may be expected to incur such occupational exposure, regardless of frequency.

- Job Classifications in which all employees have occupational exposure:  
\* *{List the job classifications at your facility that meet the definition.}*
- Job classifications in which some employees have occupational exposure.  
\* *{List the job classifications and positions that meet the definition}*

Job Classification	Tasks With Exposure
<i>{Insert a job classification such as "janitor here}</i>	<i>{Insert the first task that this classification does that has occupational exposure}</i>
	<i>{Insert the second task that this classification does that has occupational exposure}...</i>
<i>{Insert the next job classification here, include position number if only certain positions within this classification have exposure}</i>	<i>{Insert the first task that this classification does that has occupational exposure}...</i>

### 5. Compliance

- Universal Precautions** *{The use of Body Substance Isolation (BSI) or Standard Precautions may be substituted for universal precautions}*

Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. This means that all blood or OPIM will be considered infectious regardless of the perceived status of the source individual. *{Refer to your organizations universal precautions or isolation precautions policy here}*

## b. Engineering Controls

*{Facility name}* conducts ongoing evaluation of tasks and medical devices that carry a risk of exposure and implements safer medical devices whenever feasible. A representative sample of non-managerial employees is included in all evaluations. *{Describe your process for evaluation. This process may be detailed here or you may refer to another document. Written documentation of all product evaluations, regardless of whether or not the product was implemented, must be maintained}.*

We have developed the following engineering controls to prevent or minimize exposure to bloodborne pathogens. New technology will be implemented and evaluated whenever possible. Our engineering controls will be evaluated and maintained as described below:

Controls in Use	Location	Evaluation/Service Interval	Controls Evaluated
<i>{Insert the first control you use, such as self sheathing needles, sharps containers, mechanical needle recapping devices, biosafety cabinets, ventilated lab hoods, biohazard waste containers etc. here}</i>	<i>{Insert the location of the particular control here}</i>	<i>{Insert how often the control is to be inspected or serviced e.g.: maintenance schedule for biosafety cabinets}.</i>	<i>{list all engineering controls/safer medical devices evaluated in the past year}</i>
<i>{Insert the</i>			

control...}			
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We have identified the following tasks and devices that utilize non-safer devices or allow exceptions to defined work practice controls:

Exempted task or device	Justification
{List task or device here}	{Describe justification}
{List task or device here}	{Describe justification}
{List task or device here}	{Describe justification}
{List task or device here}	{Describe justification}

### c. Work Practice Controls

The following work rules apply where there is a potential for contact with blood or OPIM. *{Insert additional work practice controls as needed. Remove or modify any language below that does not apply to your operations. You may need to create a separate underlined heading for a topic with several instructions similar to "Hand and Body Washing" below.}*

#### Hand and Body Washing {refer to your facility handwashing policy/guidelines}

- Handwashing facilities are available to employees who are exposed to blood or other potentially infectious materials.
- Employees shall wash hands after removal of personal protective gloves and whenever there is a likelihood of contamination. In addition, any contaminated skin area will be washed as soon as possible.
- When handwashing facilities are not readily available. The use of waterless handwashing products is permitted as an interim means of washing the hands or other parts of the body after contamination with blood or OPIM.
- If blood or other potentially infectious material contacts mucous membranes then those areas shall be washed or flushed with water as appropriate as soon as possible following contact.

## Other Work Practices

- Contaminated needles may not be recapped, bent or broken off. Shearing or breaking of contaminated needles is prohibited. They must be deposited in a sharps container immediately or as soon as possible after use. If recapping is a necessary part of a procedure, such recapping must be accomplished through the use of a recapping device or a one-handed technique.
- Sharps containers must be closed prior to removal or replacement to prevent spilling or protrusion of the contents during handling or storage.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink must not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
- All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. *{Specify any special methods which will be employed at this facility to meet this requirement.}*
- Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- Specimens of blood or other potentially infectious materials must be placed fluid proof, bio-hazard labeled shipping containers. If the outside of the containers becomes contaminated, then it must be placed in a second container. *{The standard provides an exception to the label/color coding requirements when a facility utilizes universal precautions and the containers are recognizable as containing specimens. This exception only applies while containers remain in the facility}*
- Regulated waste material must be placed in a bio-hazard labeled container, which is to be closed before removal to prevent spillage or protrusion of contents. If the outside of the container becomes contaminated, then it must be placed in a second bio-hazard labeled container
- Equipment, which may be contaminated with blood or infectious materials, must be examined prior to service or shipping and shall be decontaminated as necessary. If decontamination is not feasible then a readily observable biohazard label shall be attached to the equipment and the contaminated portions documented. Employees shall observe universal precautions and utilize appropriate PPE when handling such equipment.

### **d. Personal Protective Equipment (PPE)**

All PPE used at this facility will be provided without cost to employees. PPE will be chosen based on the anticipated exposure to blood or other

potentially infectious materials. The PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time, which the protective equipment will be used. Employees will receive training on the appropriate use of PPE provided for specific tasks. *{Refer to the facilities universal precautions or isolation precautions policy}*

The following personal protective equipment is provided for workers: *{Modify this list as needed to describe the PPE and tasks relevant to your operation. You may want to list the tasks in the first column and the one or several PPE required for the task in the second column since this is the way it will be most useful as a reference for your workers.}*

PPE	Use Guidelines
Disposable Gloves	<i>{Insert use guidelines}</i>
Utility Gloves	
Safety Glasses w/side shields	
Face Shield	
Mask	
Apron	
Gown	
<i>{Other PPE}</i>	

Refer to department policies and procedures} for instructions on the use of PPE for specific tasks which may expose workers to blood or other potentially infectious material.

If required PPE is not available, contact *{Name or position of responsible person}* who will insure that supplies are replenished.

### Gloves

- Gloves shall be worn where it is reasonable anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes.
- Disposable gloves used at this facility are not be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as possible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

#### Other PPE

- Appropriate face and eye protection must be worn when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eyes, nose or mouth.
- Gowns, aprons, and other protective body clothing shall be worn whenever there is a risk of splash to the body.
- Surgical caps or hoods and shoe covers or booties shall be worn when gross contamination can be reasonably anticipated.
- All garments, which are penetrated by blood, shall be removed immediately or as soon as possible. All personal protective equipment will be removed and placed in a designated area or container prior to leaving the work area. }

#### **e. Housekeeping**

Work surfaces must be decontaminated with an approved disinfectant as soon as possible after contamination with blood or OPIM; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

The following locations require cleaning and decontamination on a scheduled basis: *{Or refer to department specific or Housekeeping service procedures}*.

Area	Scheduled Cleaning (Day/Time)	Cleaners and Disinfectants Used	Specific Instructions
<i>{Supply the requested information}</i>			



### Handling of Waste Material

- Used sharps containers are to be closed and transported to *{Specify persons responsible and location of the holding area for contaminated materials and containers}*. *{Specify how the materials will be handled at the holding area e.g.: that a particular company will pick them up on a particular day each week.}*
- Never manually open, empty, or clean reusable contaminated sharps disposal containers. They must be cleaned according to the manufacturer's instructions.
- Other infectious waste shall be placed in *{fill in your procedure for handling "non-sharps" waste}*
- Remove and replace protective coverings such as plastic wrap and foil on equipment and surfaces when they become contaminated.
- Always use mechanical means such as tongs, forceps or a brush and dustpan to pick up contaminated broken glassware. Never pick up with hands – even if gloves are worn!

#### **f. Laundry**

- *{Specify company name and contact information if a contracted or off-site laundry service is used.}*
- Handle contaminated laundry as little as possible, with minimal agitation.
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transporting to the laundry facility.
- Wear appropriate PPE when handling and/or sorting contaminated laundry.
- Contaminated linens should be washed with detergent in water at least 140F – 160F for 25 minutes. If low temperature laundry cycles are used, chemicals suitable for low temperature washing at proper use concentration must be used.
- Home laundering of contaminated clothing is prohibited. *{Describe your procedure for handling contaminated clothing}*

**{Note:** *If your operation includes a research laboratory or a production facility engaged in the culture, production, concentration or manipulation of HIV or HBV, refer to WAC 296-62-08001(5) and supplementary packet supplied by the department for additional provisions your program must contain.}*

### **6. Signs and Labels**

Warning labels will be placed on containers of regulated waste, refrigerators containing blood or other potentially infectious materials and other containers used to store or transport blood or infectious materials.

The label will be a fluorescent orange or orange-red biohazard label as illustrated with lettering in a contrasting color. *{Place biohazard symbol here or attach to your plan}*

## **7. Hepatitis B Vaccine**

All employees who have been identified as having exposure to blood or OPIM through the exposure determination described in section 4 of this plan will be offered the Hepatitis B vaccine series at no cost to the employee within 10 days of initial assignment unless:

- the employee has previously received the series
- antibody testing reveals that the employee is immune
- medical reasons prevent taking the vaccination; or
- the employee chooses not to participate

Employees will be provided with information on Hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration and availability. *{Insert where employees will access vaccination, e.g., through your employee health clinic or a contracted provider}*

All occupationally exposed employees are strongly encouraged to receive the Hepatitis B vaccination series and post-vaccination antibody testing. However, if an employee chooses to decline HB vaccination, then the employee must sign a copy of the declination statement in Appendix A of this plan. The copy will be kept in the employee's confidential medical record. Employees who decline may request and obtain the vaccination at a later date at no cost.

## **8. Evaluation and Management of Exposure Incidents: *{If your company has a***

*Separate Exposure Management Plan refer to it here}*

### **a. Post-Exposure Management**

- Wounds and skin sites that have been in contact with blood or OPIM should be washed with soap and water; mucous membranes should be flushed with water.
- Immediately report all exposure incidents to *{insert contact}*.
- *{Organization name}* will provide a confidential medical evaluation to all exposed employees. It is important that employees receive a prompt medical evaluation because HBIG, hepatitis B vaccine, and HIV post –exposure prophylaxis (PEP) are most likely to be effective if administered as soon after exposure as possible.

- *{Describe your procedure for providing medical evaluation. Include any reports that must be completed and information provided to the employee and health care provider as outlined in 296-62-08001 (6) (c)}.*
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible

#### **b. Source Testing**

- The person (if known) whose blood or body fluid is the source of an exposure will be tested for HBV, HCV, and HIV infection as soon as feasible. When the source is already known to be infected with HBV, HCV, or HIV then testing need not be repeated.
- Information from the medical record at the time of the exposure (e.g., laboratory test results, admitting diagnosis, or previous medical history) or the source person, will be gathered help to confirm or exclude bloodborne infection *{identify person responsible}*.
- HBV, HCV, and/or HIV testing shall be performed if the infection status of the source person is unknown *{describe your procedure}*
- Results of source testing shall be provided to the employee, and the employee shall be informed of all applicable laws and regulations concerning disclosure of the identity and infectious status of the source.
- The health department will be consulted in the event that consent for source testing cannot be obtained *{insert health department contact information}*.

#### **c. Health Care Professional's Follow-Up**

- *{Insert name of person}* will ensure that health care professionals responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of WISHA's bloodborne pathogens standard.
- *{Insert name of person}* will ensure that the health care professional evaluating an employee after an exposure incident receives the following:
  - a description of the employee's job duties relevant to the exposure incident
  - route(s) of exposure
  - circumstances of exposure
  - if possible, results of the source individual's blood test

- relevant employee medical records, including vaccination status
- *{Insert name of person}* will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation. (See Appendix B of this document for sample form.)
- The written opinion for post-exposure evaluation and follow-up will be limited to whether or not the employee has been informed of the results of the health evaluation and of any health conditions which may require further evaluation and treatment.
- All other diagnoses must remain confidential and are not to be included in the written report to our firm.

#### **d. Review of Exposure Incidents**

- *{Insert person or body responsible}* The circumstances of all exposure incidents will be reviewed to determine
  - Why the exposure incident occurred;
  - Type and brand of device involved
  - If procedures were being followed; and
  - If procedures, protocols, and/or training need to be revised.
- If it is determined that revisions need to be made, the plan administrator will ensure that appropriate changes are made to this exposure control plan.
- Documentation of this evaluation should accompany the exposure report.

### **9. Employee Training**

All employees who have occupational exposure to bloodborne pathogens will receive training at the time of initial assignment and at least annually thereafter. Training will be provided by *{Insert responsible party}*

Training will include:

- information the epidemiology, symptoms, and transmission of bloodborne pathogen diseases.
- a copy and explanation of the standard
- an explanation of our exposure control plan and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE

- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session

Training records will be completed for each employee upon completion of training. These documents will be kept with the employee's records and will include:

- dates of the training sessions
- contents or a summary of the training sessions
- names and qualifications of persons conducting the training
- names and job titles of all persons attending the training sessions

Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.

Employee training records will be provided upon request to the employee or the employee's authorized representative within 15 working days.

## **10. Record Keeping**

### **a. Medical Records**

*{Insert responsible party}* is responsible for maintenance of the required medical records. They are kept at *{Insert location}*

Medical records are maintained for each employee with occupational exposure in compliance with WAC 296-62-052, "Access to Employee Exposure and Medical Records" and will include:

- the name and social security number of the employee
- a copy of the employee's hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination
- a copy of all results of examinations, medical testing, and follow-up procedures as required by the bloodborne pathogens standard
- a copy of all health care professional's written opinion(s) as required by the bloodborne pathogens standard

All employee medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or other legal provisions.

Employee medical records shall be maintained for at least the duration of employment plus 30 years.

Employee medical records will be provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

#### **b. Sharps Injury Log**

*{Insert responsible party}* is responsible for maintenance of the confidential Sharps Injury Log. The log is located *{Insert location}*

The Sharps Injury Log shall contain, at a minimum:

- The routes of exposure;
- An explanation of and circumstance under which the incident occurred,
- The type and brand of device involved in the incident, and
- The department or work area where the exposure occurred

#### **Appendix A--Hepatitis B vaccine declination--Mandatory.**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection.

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

[Statutory Authority: Chapter 49.17 RCW. 92-08-100 (Order 92-01), § 296-62-08050, filed 4/1/92, effective 5/5/92.]